

CANCELLATION REQUEST FORM

The Chief Executive Officer
Haj Committee of India,
Haj House,
7-A, M.R.A. Marg (Palton Road),
Mumbai - 400 001.

HAJ-2018

COVER NO. _____

Sir,

It is requested to cancel the pilgrim's listed below and grant admissible refund amount.

DETAILS OF PILGRIM (S) TO BE CANCELLED

SR. NO.	NAME OF THE CANCELLED PILGRIM (s)		PASSPORT NO.			
1.						
2.						
3.						
4.						
B	REASON OF CANCELLATION	DEATH	MEDICAL	FINANCIAL	DOMESTIC	OTHERS
	Please tick (✓) any one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	ENCLOSURES	Claim Letter	Copy of Pay in Slip	Medical / Death Certificate	Any Other (Please Specify)	
	Please tick (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
In case of Death, details of Nominee as per Haj Application Form						
D	Name				Relation	
	BANK DETAILS OF NOMINEE (attach copy)					
	Name of the Account Holder	Bank Name	Branch Name	Branch Code	Account No.	IFSC Code

I / We certify that the particulars given above are true and correct.

Date :

Place:

Signature (s)

It is certified that the particulars mentioned above are correct and as per entries in the Haj Application Form (s).
It is recommended that the Haj application of above referred pilgrim(s) may therefore be cancelled.

Date :

Place:

Executive Officer
State / UT Haj Committee

Forward to: - Haj Committee of India, Haj House, 7-A, M.R.A. Marg, Mumbai- 400 001. Fax No. (022) 22620920 / 22630461